

# Enrolment Form



Family name	First name <input type="checkbox"/> M <input type="checkbox"/> F
Date of birth	Nationality
Address/Street	
Postcode/Town	
Country	
Occupation	Country of birth
Tel. home	Tel. and fax work
Mobile-No	E-mail
Mother tongue	Other languages

### How did you learn about Eurocentres:

- Friends  Advertisement  Internet  School/University  
 Through an enrolment office  Other

### Language skills

What is your own assessment of the present level of your skills in the language(s) that you would like to learn/improve? (see Eurocentres scale of Language Proficiency on page 72)

Language	0	1	2	3	4	5	6	7	8	9	10

### School and course

School	Course type
Start date	Number of weeks
School	Course type
Start date	Number of weeks
School	Course type
Start date	Number of weeks

### Examinations

Would you like to take an examination?

- yes  no If so, which? \_\_\_\_\_

Examination preparation module for \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

### Accommodation

Please book the following accommodation:  I will arrange my own accommodation.

Arrival date*	Departure date*
Arrangement	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I
<input type="checkbox"/> Single room	<input type="checkbox"/> Double room together with
<input type="checkbox"/> I would like to stay in a hotel or apartment. Please let me know what the possibilities are.	
<input type="checkbox"/> Taxi transfer on arrival <input type="checkbox"/> yes <input type="checkbox"/> no (prices see pricelist) Arrival airport	
Do you have any special requests related to medical condition, allergies or diet? <input type="checkbox"/> yes, which	
Do you smoke? <input type="checkbox"/> yes <input type="checkbox"/> no Do you mind staying with a family with smokers? <input type="checkbox"/> yes <input type="checkbox"/> no	

\* Accommodation for Eurocentres courses is always reserved from Saturday-Saturday, please see price list for other schools.

### Insurance (see price list page 3)

- I wish to book the insurance covering cancellation and return travel costs.  
 I wish to book the Security Package insurance.  
 I do not wish to book the insurance covering cancellation and return travel costs. (Unless you advise us otherwise, you will automatically receive this insurance cover.)

I hereby confirm that I have carefully read the General Terms and Conditions of Business specified and declare that they should form an integral part of the present contract. Please note that any changes to bookings will be subject to a processing charge (§ 7 Standard Terms of Business).

Date	Signature
The signature and address of a parent/guardian is required for students under the age of 18 years	
Family name	First name
Address	
Postcode/Town	
Country	Tel. home

Please send the completed enrolment form today to one of the following addresses:

Eurocentres \_\_\_\_\_ or your enrolment office

56 Eccleston Square  
 UK-London SW1V 1PH  
 Tel. +44 (0) 207 963 8450  
 Fax +44 (0) 207 963 8479  
 e-mail: enrolment@eurocentres.com  
 www.eurocentres.com